

# CITY OF MENOMONIE

## Application to operate TAXI CABS and/or VEHICLES FOR HIRE

Date of Application \_\_\_\_\_

### TO THE COUNCIL OF THE CITY OF MENOMONIE:

I hereby apply for a taxi cab license for a period ending June 30, 200\_\_\_\_.

#### I certify to the following:

Business Name \_\_\_\_\_

Owner s Name \_\_\_\_\_

Owner s Address \_\_\_\_\_

#### List vehicles to be operated under this application:

Year and make of vehicle	Vehicle ID number	License plate number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been licensed to operate motor vehicles for hire in the City of Menomonie or any other city? Yes\_\_\_ No \_\_\_ Name of city where previously licensed?\_\_\_\_\_

Have you ever been charged with or convicted of violation of any city of Menomonie ordinances or statutes of the state of Wisconsin? Yes \_\_\_ No \_\_\_

If yes, state nature of the charge and/or conviction and the place where the proceedings were taken.

\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

(Certificate of Insurance must be filed with the clerk - \$1,000,000 liability insurance)

\_\_\_\_\_  
Owner s signature

Fee = \$25.00 for each vehicle

Amount of License Fee Deposited: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ (Account Number #01.43410)